

Massachusetts School Health Record  
Private Physician Examination-Subsequent Evaluations Only

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of complete physical exam \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood pressure \_\_\_\_\_

Significant Findings on Physical Exam:

Laboratory Work, X-Rays, etc.:

Recent Immunizations or Boosters:

General Estimate of Health:

Medication or Treatment Orders to be carried Out at School:

Suggested requirements or modifications of student's current or future school program including restrictions on classroom placement or physical education programs – please indicate prescriptive modifications.

Further evaluations requested?

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)